

ATTACHMENT 2

Drug Categories That Require Prior Authorization

Prior authorization (PA) is required to determine medical necessity for the following drugs. For drugs that require PA, diagnosis and information regarding the medical requirements for these drug categories must be provided by the prescriber to the pharmacy.

Note: This table includes Wisconsin Medicaid's most current information and may be updated periodically. Certain drugs listed in the "Drugs That Require Prior Authorization" column of this table are registered or trademarked by the manufacturer.

Drug Category	Drugs That Do Not Require Prior Authorization	Drugs That Require Prior Authorization
Alitretinoin Gel	None	Alitretinoin Gel requires PA when used to treat Kaposi's Sarcoma lesions.
Angiotension Converting Enzyme (ACE) Inhibitor Drugs	Benazepril, Captopril, Enalapril, Fosinopril, Lisinopril, Mavik, Moexepil	Aceon [®] , Altace [®] , Accupril [®]
Alpha-1 Proteinase Inhibitor Drugs	None	All Alpha-1 Proteinase Inhibitor drugs require PA.
C-III and C-IV Stimulants	Mazindol	Adipex [®] , Didrex [®] , Fastin [®] , Ionamin [®] , Phentermine, Tenuate [®] , Tenuate Dospan [®]
Cholesterol Lowering Drugs (Statins)	Lovastatin	Altacor [™] , Caduet [®] , Crestor [®] , Lescol [®] , Lescol XL [®] , Lipitor [®] , Pravachol [®] , Pravigard [™] , Zocor [®]
Enteral Nutrition Products	None	All enteral nutrition products require PA.
Fertility Enhancement Drugs	None	All fertility enhancement drugs require PA when used to treat conditions other than infertility.
Human Growth Hormone	None	All human growth hormone drugs require PA.
Impotence Treatment Drugs	None	All impotence treatment drugs require PA when used for a condition other than impotence.
Nonsedating Antihistamine Drugs	Loratadine, Loratadine with Pseudoephedrine	Allegra [®] , Allegra-D [®] , Clarinex [®] , Zyrtec [®] , Zyrtec-D [®] , Zyrtec [®] Syrup
Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)	Generic NSAIDs (e.g., Naproxen, Ibuprofen)	Arthrotec [®] , Bextra [®] , Celebrex [®] , Mobic [®] , Vioxx [®]
Proton Pump Inhibitor (PPI) Drugs	Prilosec OTC 20 mg tablets	Aciphex [®] , Nexium [®] , Omeprazole, Prevacid [®] , Prilosec [®] , Protonix [®]
Selective Serotonin Reuptake Inhibitor (SSRI) Drugs	Fluoxetine	Celexa [®] , Lexapro [™] , Paroxetine, Paxil [®] , Paxil CR [®] , Pexeva [™] , Prozac [®] Weekly, Zoloft [®]
Unlisted or Investigational Drugs	None	None*
Weight Loss Agents	None	All weight loss agents require PA.

*Wisconsin SeniorCare will not cover prescription drugs that do not have a signed rebate agreement with the manufacturer. Drugs that do not have a manufacturer rebate agreement *cannot* be obtained with PA.